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CONFIRMATION NO. 7844

<b>SERIAL NUMBER</b> 10/620,134	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3728	<b>ATTORNEY DOCKET NO.</b> 2853	
<b>APPLICANTS</b> Mark Roby, Killingworth, CT; John Kennedy, Guilford, CT;					
<b>** CONTINUING DATA *****</b> Yes BPA This appln claims benefit of 60/396,942 07/17/2002					
<b>** FOREIGN APPLICATIONS *****</b> No BPA					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/08/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>[Signature]</i> Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> TYCO HEALTHCARE GROUP LP 150 GLOVER AVENUE NORWALK, CT06856					
<b>TITLE</b> <i>and</i> Suture pledget package <i>BPA</i>					
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		